

# Academy Notebook

NEWS • TIPS • RESOURCES

## WHAT'S HAPPENING

### ■ The Academy's Brand-New Online Store

The Academy announces its new on-line store (at [www.aao.org/store](http://www.aao.org/store)), with an updated design, improved functionality, and a user-friendly interface. As part of the Academy's commitment to member satisfaction, the store incorporates features for a seamless shopping experience, allowing the user to do the following:

1. **Quickly navigate from start to finish.** The clean design and navigation allow you to easily find what you're looking for and complete your purchase.

2. **Get smarter search results.** Search by product name, product number, or keyword. Results are accurate and relevant.

3. **Clarify what you need.** Filter by audience, product line, media type, or topic.

4. **See what your peers think; write a review.** If you have questions about a product, check the reviews to see how others rated it. Write your own product reviews to share your opinions and help your colleagues' decision making.

5. **Find out about related products.** When you are looking at any item's overview, related product suggestions will be displayed alongside.

6. **Try before you buy.** Now you can preview more video and print samples of Academy products.



**SHOP IN SEPTEMBER AND SAVE MONEY.** If you place an order at the new Academy store by Sept. 30, you'll get 15 percent off your purchase. Visit [www.aao.org/store](http://www.aao.org/store) to shop, and enter promotion code STORE12EN when you are checking out to receive the discount. This offer is valid until 11:59 p.m. Pacific Time on Sept. 30 and does not apply to tax or shipping fees. Applies to products and subscriptions only; does not apply to dues, Joint Meeting, or other miscellaneous fees. May not be combined with other discounts.

7. **Save it for later.** If you're not ready to buy, add items to your purchasing list to return to later. Practice administrators can also e-mail purchasing lists to doctors for approval.

8. **Pull up previous orders.** Now you can view all of your past orders on one page. Click on a past order to see what products you bought, and use that list to reorder items.

9. **Check out with ease.** Checkout is now much more simple and efficient. Save your billing and shipping addresses to your address book to save time completing your next order.

10. **Save with member pricing.** As always, when you log in with your Academy or AAOE member username and password, your discounted pricing will be displayed.

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2013 MEDICARE PHYSICIAN FEE SCHEDULE: CMS  
proposes preliminary Medicare pay increase.

**Use EyeNet's New URL**

EyeNet has now obtained the rights to use [www.eyenet.org](http://www.eyenet.org). Please note that [www.eyenetmagazine.org](http://www.eyenetmagazine.org) will still work as well.

Be sure to visit EyeNet online each month to:

- **Enjoy videos and slideshows.** Each Web edition of EyeNet includes online extras not available in print. For example, this month's issue, live on Sept. 15, includes two videos, one related to the cover story, "When Refractive Surgery Goes Wrong," the other to the "Consider Tube Shunts" story.
- **Learn about the Blink image.** The case report for each month's "mystery image" is included in the next print issue of EyeNet, or you can read about it immediately online.
- **Read all of our content and more.** Occasionally, supplemental materials—figures, tables, or sidebars—are posted on the web that weren't included in print.
- **Share your thoughts.** Use the online comments section at the end of each article. We'd like to hear from you!

**ONE SPOTLIGHT: Test Your Clinical Knowledge With Real-Life Cases.**

For interactive, case-based reviews of eye disorders, visit Academy Grand Rounds on the ONE Network. Each case is based on an actual encounter and allows you to walk through the steps virtually: Review the patient's history and symptoms, examine the patient in the interactive exam



room, choose diagnostic tests, and see if your diagnosis and treatment strategy are appropriate. All cases are eligible for AMA PRA Category 1 Credit, and new cases are added regularly. Recent cases include the following:

- *Then I Saw the Light:* A reformed drug addict presents with acute pain, lid erythema, and crippling photophobia.
- *Retiree With Chronic Redness in Both Eyes:* A 67-year-old man presents with recurrent episodes of bilateral conjunctivitis, crusting, and foreign body sensation.
- *Teenager With Intermittent Headache and Visual Field Changes:* A 16-year-old girl complains of severe paroxysmal headaches, blurred vision, and a depth perception deficit.

To explore a case, visit [www.aaopt.org/one](http://www.aaopt.org/one). Under "Educational Content," click "Academy Grand Rounds."

**TAKE NOTICE**

**Governance Documents**

Please refer to the Governance Documents special section on page 89 to read the proposed amendments to the Academy Bylaws and Code of Ethics.

**Ask the Ethicist: Cooperation With the Ethics Committee**

**Q:** Concerns have been raised about one partner in our large, multispecialty group practice potentially engaging in unethical practice. If he is reported to the Ethics Committee, to what extent is he obligated to respond to the allegations?

**A:** If he is an Academy member, then he is expected to cooperate fully.

The preamble of the Administrative Procedures in the Academy's Code of Ethics states: "All ophthalmologists who are Fellows or Members of the Academy ... are required to comply with these Administrative Procedures; failure to cooperate with the Ethics Committee or the Board of Trustees

in a proceeding on a challenge may be considered by the Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics."

It is in everyone's best interest to participate in the resolution of an ethics challenge. If a member does not respond or hinders the committee's investigation by willful and unexcused delays, the matter is referred to the Academy Board of Trustees with a recommendation of sanctions for non-compliance with the Administrative Procedures of the Code of Ethics.

If the member resigns from the Academy in order to avoid responding to a challenge, then that challenge is dismissed without further action by the Ethics Committee or the Board of Trustees, and the record is sealed. However, the member may not reapply for membership in the Academy under any circumstances. If the subject matter of the closed investigation was

related to patient care, the Academy is required by law to report information to the National Practitioner Data Bank and other such entities.

For more information or to submit a question, contact the Ethics Committee staff at [ethics@aaopt.org](mailto:ethics@aaopt.org). To read the Code of Ethics, visit [www.aaopt.org/ethics](http://www.aaopt.org/ethics).

**Beginning Your Residency? Get Free AAOE Membership**

If you started your residency this year, you should have received notification of your free membership in the American Academy of Ophthalmic Executives (AAOE). Your benefits include a wealth of practice management news and advice on the AAOE website, practice management e-newsletters, and access to the AAOE's listservs.

Who else gets free AAOE membership? Academy members who are in fellowship training and those who are in their first year of practice.

For more information, visit [www.aaopt.org/joinaaopt](http://www.aaopt.org/joinaaopt).

## ACADEMY STORE

### ■ Improve Patient Recall With Academy Brochures

It has been reported that 40 to 80 percent of medical information relayed by health care practitioners is forgotten immediately.<sup>1</sup> Support your verbal communications with patients and help them remember information about their condition and treatment options by providing them with patient education brochures from the Academy.

The Academy's illustrated brochures are peer reviewed, and they are written at the 5th to 8th grade reading level, which is recommended for documents for the general public, particularly those relating to health and medicine. The various brochure topics range from cataract surgery to LASIK and uveitis.

A package of 100 brochures costs \$32 for members and \$40 for nonmembers.

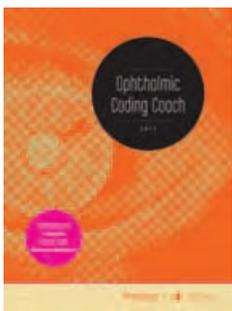
To view brochure topics and to order, visit [www.aao.org/store](http://www.aao.org/store) and search "Brochures."

1 Kessels R. *JR Soc Med.* 2003;96(5):219-222.

### ■ Preorder AAOE's 2013 Coding Products

Increase your coding competency, reduce claims denials, and prepare for the ICD-10 with coding products from the AAOE.

Preordering 2013 coding products will give you more time to prepare for the biggest change to coding in 30 years with the ICD-10 for Ophthalmology (#0120335). You can also stay on top of the latest coding and documentation changes with the newly revised editions of the *Ophthalmic Coding Coach* (#0120333), *CPT Pocket Guide for Ophthalmology* (#0120334), *Ophthalmic Coding Series: Essential Top-*



## D.C. REPORT: CMS Proposes Preliminary Medicare Pay Increase

In July, CMS published the 2013 Medicare Physician Fee Schedule proposed rule, which estimates that ophthalmologists will see a preliminary, overall 1 percent pay increase in 2013.

This increase is due to continued implementation of updated practice expense data in the CMS fee schedule, a process that started in 2010 after a campaign by the Academy and 20 other groups. However, this increase is contingent on Congress halting a scheduled 27 percent cut in Medicare physician pay on Jan. 1. The 27 percent cut is caused by the sustainable growth rate (SGR) formula, which is universally believed to be faulty.

In the proposed rule, CMS focuses on global surgical payments to ophthalmologists and calls on the American Medical Association/Specialty Society Relative Value Scale Update Committee to review older codes. CMS asserts that the payments for these codes, including 66180 *Aqueous shunt*, 67036 *Vitrectomy*, and 67917 *Repair of ectropion*, may be misvalued and reflect post-operative visits that are not actually provided.

Ophthalmology codes are also being added to a CMS list of services likely to be cut when two diagnostic tests are billed by the same physician on the same day for a patient. These reductions are appropriate, CMS asserts, because of the duplicate practice expense that occurs when two services are performed together. During its review of diagnostic tests, CMS found that codes 92235 *Fluorescein angiography* and 92250 *Fundus photography* are frequently billed together, prompting the agency to review all of ophthalmology's diagnostic services. CMS has determined that the technical component of some ophthalmic services should be reduced by 25 percent for the second procedure, including eye ultrasound codes and all visual field and OCT tests.

The Academy is pushing the agency to reconsider the reduction to ocular diagnostic testing codes. The Academy argues that the technical component of one imaging or diagnostic test is unique and separate from any other; and each has its own requisite amount of staff resources, expenses, and documentation. CMS's proposed cut for a second procedure on the same day could lead to unintended consequences, the Academy believes, such as increasing the number of patient visits.

*During the Joint Meeting in Chicago, the Academy will have a Special Session on the 2013 Medicare Update on Sunday, Nov. 11, from 12:15 to 1:45 p.m.*

The pay increase is contingent on Congress halting a scheduled 27 percent cut in Medicare physician pay on Jan. 1.

*ics* (#0120321), and *Specialty Topics* (#0120322).

The ICD-10 for Ophthalmology is \$78 for members and \$130 for nonmembers; the *Ophthalmic Coding Coach* is \$235 for members and \$390 for nonmembers; the *CPT Pocket Guide for Ophthalmology* is \$43 for members and \$70 for nonmembers; the *Ophthalmic Coding Series: Essential Topics* is \$285 for members and \$475 for nonmembers; and the *Ophthalmic Coding Series: Specialty Topics* is \$285 for members and \$475 for nonmembers.

To order, visit [www.aao.org/coding/products](http://www.aao.org/coding/products).

## MEMBERS AT LARGE

### ■ State Societies Team Up on Regional Meetings

Two regional ophthalmology meetings illustrate the benefits of collaboration between state societies.

- **The SouthEast Eye Annual Scientific Meeting.** The state societies of Alabama, Louisiana, Mississippi, and Tennessee cosponsored the successful SouthEast Eye meeting last July in Destin, Fla. Academy President-Elect **Paul Sternberg Jr., MD**, was a keynote speaker, and **Janet Betchkal, MD**, member of the Secretariat for State Affairs, highlighted the legislative chal-

lenges across the country and within the region during the Legislative Advocacy and Political Forum Seminar.

The SouthEast meeting, led by program chairs **Richard Feist, MD**, of Alabama and **Sarwat Salim, MD**, of Tennessee, included seminars not only for ophthalmologists but also for registered nurses, technicians, and administrators. The SouthEast meeting offered AMA PRA Category 1 Credits, JCAHPO credits, nursing credits, and COE Administrator Category A Credits.

• **The Table Rock Regional Roundup.** To be held at Big Cedar Lodge outside Branson, Mo., from Sept. 27 to 29, the Table Rock meeting will attract ophthalmologists from the four sponsoring state societies of Arkansas, Kansas, Missouri, and Oklahoma, as well as from across the country. It will feature educational sessions and industry exhibits in a family-friendly atmosphere. Academy President **Ruth D. Williams, MD**, will discuss key priorities of the Academy as well as region-specific issues.

“I’m glad that the regional meeting concept has taken off,” said **Daniel J. Briceland, MD**, Secretary for State Affairs, adding that the Academy Secretariat for State Affairs has consistently encouraged state ophthalmology soci-

eties to consider partnering on regional meetings to take advantage of economies of scale and to more easily attract nationally recognized speakers. “Since medical organizations are forced to compete for industry support of their local meetings, regional meetings are beneficial in that everyone gets sponsorship—otherwise, there may not have been enough to go around for each individual state meeting. Additionally, this setup provides extra value for ophthalmologists from contiguous states,” he said.

Dr. Briceland, who is also on the board of directors of the Ophthalmic Mutual Insurance Company (OMIC), noted that OMIC policyholders who are members of ophthalmic societies with an OMIC educational alliance earn a 10 percent risk management discount when they complete an approved OMIC risk management event, which both of these regional meetings offer.

*For more information on state, subspecialty, and specialized-interest society annual meetings, visit [www.aaopt.org/meetings/sub-meetings.cfm](http://www.aaopt.org/meetings/sub-meetings.cfm).*



**EMANUEL NEWMARK, MD.** Dr. Newmark is the recipient of the John R. Brayton Jr., MD, Leadership Award.

■ **People**

On June 23, **Emanuel Newmark, MD**, received the John R. Brayton Jr., MD, Leadership Award at the Florida Society of Ophthalmologists’ annual meeting in Orlando.

This award recognizes a Florida ophthalmologist who demonstrates exceptional leadership and commitment to ophthalmology. Dr. Newmark has degrees from Rutgers and Duke, as well as more than 40 years of experience in treating medical and surgical eye issues.

**Robert H. Osher, MD**, received the Kelman Award at the Brazilian Congress of Ophthalmology in São Paulo in June.

This award recognizes significant contributions in the field of cataract surgery. Dr. Osher is a professor of ophthalmology at the University of Cincinnati, and Medical Director Emeritus of the Cincinnati Eye Institute. He is also the founder and editor of the *Video Journal of Cataract and Refractive Surgery*.

■ **Who’s in the News**

**Robert J. Campbell, MD**, and **John O. Mason, MD**, were interviewed by the *Canadian Press* news agency (Toronto) for a July 4 article on a study indicating that intravitreal Avastin and Lucentis do not increase the risk of cardiovascular disease (as Avastin has been reported to do when used intravenously to treat cancer). The study, performed by scientists at the Institute for Clinical Evaluative Sciences, is published in the medical journal *BMJ*.

Dr. Campbell said, “These findings are highly significant because while we’ve seen explosive growth in the use of both drugs worldwide, our understanding of the safety risks is incomplete.” He added that it is important to spend more time researching groups such as diabetics, who have a higher risk of cardiovascular disease.



■ **MUSEUM: THIS MONTH IN OPHTHALMIC HISTORY.**

On Sept. 18, 1884, **Carl Koller, MD (1857-1944)**, published a paper describing cocaine as the first local anesthetic for the eye. The paper was immediately lauded by ophthalmologists.

Dr. Koller researched cocaine alongside his friend **Sigmund Freud, MD (1856-1939)**. Experimenting on themselves, the physicians found the effects of the drug to be beneficial; while Dr. Koller noted its numbing effects, Dr. Freud believed it to be an ideal cure for morphine addiction. Many historians speculated that Dr. Freud was unhappy to have his discoveries concerning cocaine overshadowed by Dr. Koller’s article, but subsequent letters between the two men indicated that this did not damage their

friendship. In one of these letters, Dr. Freud even nicknamed his friend “Coca Koller.” Although a homonym, the name was not likely a play on words with the newly marketed American soft drink, *Coca Cola*, introduced in 1886.

**Learn more** about Dr. Koller at [www.museumofvision.org/bio](http://www.museumofvision.org/bio).